



Office of Quality Assurance (QA), DDD

Protocol for Responding to Allegations of Consumer-to-Consumer Sexual Abuse

When a report is made to the Office of Quality Assurance (QA), DDD, regarding an allegation of a sexual abuse between two adults with developmental disabilities the following information must be provided to QA within 24 – 48 hours regarding the allegation:

Name of person completing this form: _____ Title: _____
Telephone Number: _____ Date: _____

Name of alleged victim: _____ DOB: _____
Agency/Provider providing supports: _____ Contact person: _____
Name of alleged perpetrator: _____ DOB: _____
Agency/Provider providing supports: _____ Contact person: _____

A. Information Relating to the Reporter

Name of Original Reporter: _____
Relationship to Alleged Victim: _____
Telephone Number: _____

B. Incident Description

1. Was the incident _____ witnessed (Who was present?)

(Name): _____ Telephone Number _____

(Name): _____ Telephone Number _____

2. Was the incident _____ disclosed (Who did the person disclosed to?)

(Name): _____ Telephone Number _____

3. Classification: ___ First Degree Sexual Abuse ___ Second Degree Sexual Abuse
Please describe the incident with as much detail as possible what is known about the incident:

a. Did the alleged victim need any medical/psychological attention? ___ No ___ Yes
If yes, what kind of treatment does the person need or have they had?

☐ Hospital Visit Date _____ ☐ Sexual Assault Kit (Exam) Date _____

☐ STD Date _____ ☐ Appointment Scheduled for Counseling Date _____

☐ Other Date _____
Describe:

- b. Did anyone speak with the alleged victim about his/her Rights and options about reporting the incident to the police? ____ no ____ yes
(Name of person) _____

Please describe the conversation of what was said to the alleged victim.

4. Was an incident report written regarding this incident? ____ No ____ Yes

Please fax a copy of the Incident report to QA at 462-6189.

5. General Information on the Alleged Victim Involved	6. General Information on the Alleged Perpetrator Involved
Does the person have a legal guardian? _____	Does the person have a legal guardian? _____
What was the affect/response of the person who is identified as the alleged victim right after the incident occurred? And/or at the time of the disclosure? _____ _____ _____ _____ _____	What was the affect/response of the person who is identified as the alleged perpetrator right after the incident occurred? And/or at the time that they were interviewed? _____ _____ _____ _____ _____
What kind of relationship did the person have with the alleged perpetrator prior to this incident? _____ _____ _____ _____	What kind of relationship did the person have with the alleged victim prior to this incident? _____ _____ _____ _____
What level of supervision does the person have as documented within his/her plan? _____ _____ _____	What level of supervision does the person have as documented within his/her plan? _____ _____ _____

Does the person have any history of sexual abuse in his/her past? _____ _____ _____	Does the person have any history of sexual abuse in his/her past? _____ _____ _____
What is the communication style of the person? _____ _____ _____	What is the communication style of the person? _____ _____ _____

Has the person participated in any Health and Life or Sex Education such as the Circles Program? ____ No ____ Yes If yes, please describe when the person participated and what the training consisted of. _____ _____ _____ _____ _____	Has the person participated in any Health and Life or Sex Education such as the Circles Program? ____ No ____ Yes If yes, please describe when the person participated and what the training consisted of. _____ _____ _____ _____ _____
Do you have any specific concerns about the capacity of the person to understand what occurred? _____ _____ _____ _____	Do you have any specific concerns about the capacity of the person to understand what occurred? _____ _____ _____ _____
Is there any other information about the person that might be important to know? _____ _____ _____ _____ _____	Is there any other information about the person that might be important to know? _____ _____ _____ _____ _____
Name of the person providing this information. _____ _____	Name of the person providing this information. _____ _____

7. Agency/Provider Response:

a. What actions will the agency/provider implement to prevent this from happening again and to keep the individual(s) involved safe from any further harm?

b. Please describe any further actions planned by the agency/provider relating to the victim and/or alleged perpetrator (revision in ISP and or development of Safety Plan, scheduling of counseling, program/placement change, educational activities, forensic interview at the Day One, etc.)

Next step for victim and time frame:	Next step for alleged perpetrator and time frame:

Developed 10/14/04
Revised 6/24/08